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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/537,300	06/02/2005		Marc Joye		1032326-000302	1466
TITLE OF INVENTION: METHOD FOR SECURE INTEGER DIVISION OR MODULAR REDUCTION AGAINST HIDDEN CHANNEL ATTACKS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F		
nonprovisional	NO	\$1510	\$300	\$0 7	\$1810	11/12/2009
EXAM	INER	ART UNIT	CLASS-SUBCLASS	_		
CHAI, LONGBIT 2431		380-028000		DIICIIAN	IAN INCEDENT	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. BUCHANAN 1 NGERSOLL 2 2 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
GEMALTO SA MEUDON, FRANCE						
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🛂 Corporation or other private group entity 🔲 Government						
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 024800 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature						
Typed or printed nam	Charran	L. Ashburn		Registration No	56636	
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